

**APPLICANT INFORMATION AND SUPPLEMENTAL
INSTRUCTIONS**

**EXTRAMURAL RESEARCH FACILITIES CONSTRUCTION
PROJECTS**

NATIONAL CENTER FOR RESEARCH RESOURCES

Research Facilities Improvement Program

November 1998

NOTICE

This package includes information and forms related to the program announcement, "EXTRA-MURAL RESEARCH FACILITIES CONSTRUCTION PROJECTS," issued by the National Center for Research Resources (NCRR) and published in the NIH GUIDE.

The material is presented in sections which are identified on the Table of Contents that follows. Please carefully review the information prior to completing the application forms.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT □

NCRR staff welcome inquiries about this initiative. Inquiries regarding **programmatic issues** should be directed to:

Dr. W. Fred Taylor
Research Facilities Improvement Program
Research Infrastructure
National Center for Research Resources
6705 Rockledge Drive, Room 6142 - MSC 7965
Bethesda, MD 20892-7965
Telephone: (301) 435-0766
FAX: (301) 480-3770
Email: taylorf@ncrr.nih.gov

Inquiries regarding **fiscal and administrative matters** should be directed to:

Mr. Paul W. Karadbil
Office of Grants and Contracts Management
National Center for Research Resources
One Rockledge Centre, Room 6086
6705 Rockledge Drive MSC 7965
Bethesda, MD 20892-7965
Telephone: (301) 435-0844
FAX: (301) 480-3777
Email: paulk@ep.ncrr.nih.gov

Prior to completion of the application forms, the applicant will need to address the issues of **environmental impact** and **public disclosure** of the proposed project. In addition, either prior to or concurrent with submission of the application, the applicant must initiate the **intergovernmental review** of the proposed project in accordance with Executive Order 12372. Additional information regarding these requirements may be found in the PA and in this package.

Applicants are strongly encouraged, to **coordinate with their facilities planning offices** as they prepare the technical portions of the application.

Consistent with Government-wide implementing regulations, 15 CFR Part 19, Subpart B and/or any other Government-wide requirements, PHS policy is to support Federal transition to the metric system and to use the metric system of measurement in all grants, cooperative agreements, and all other financial assistance awards. Likewise, measurement values in reports, publications, and other communications regarding grants will be in metric.

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1. GENERAL INFORMATION

1.1 Environmental Impact of Assistance

The National Environmental Policy Act (NEPA) requires Federal agencies to assess the probable environmental consequences of any major Federal action, including construction projects supported in whole or in part through Federal contracts, grants, subsidies, loans, or other forms of funding assistance.

If the project has a significant environmental impact, a full Environmental Impact Statement must be prepared and released by the Federal Government before the grant award. In those cases where the environmental impact is less significant, the Government will prepare a statement which will become part of the grant file.

The National Institutes of Health (NIH) will assess the level of environmental impact of proposed projects as described in ATTACHMENT 1 of these instructions. All applications must be accompanied by a completed analysis; applicants may use the suggested sample format as shown in ATTACHMENT 1. The analysis is intended to convey available environmental information with the initial grant application and does not require expenditure of funds for extensive consultant services prior to a grant award. Therefore, the hiring of special consultants for developing detailed data and elaborate presentations is discouraged.

The analysis should be accompanied by a current listing of all relevant licenses, permits, or other approvals required. Copies of all such documents, if issued, should be submitted with the environmental analysis. This would include, but not be limited to, the State and local air, water quality, and zoning board reports. Also, indicate the State, local, and regional planning authorities contacted or consulted regarding the proposal and briefly discuss the proposed facility with respect to regional development plans.

1.2 Intergovernmental Review -- Executive Order 12372

Applicants are required to comply with Executive Order (E.O.) 12372 as supplemented by DHHS 45 CFR Part 100, Intergovernmental Review of Department of Health and Human Services Programs and Activities. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally-recognized Indian tribal governments) should contact their State Single Point of Contact (SPOCs) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. (*See ATTACHMENT 2 for State Single Point of Contact list.*) For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The SPOC must be given at least 60 days to review a construction grant application. Applicants are to provide the SPOC with a copy of the application NOT LATER THAN the time the application is submitted to the Center for Scientific Review, NIH. Include, as appendix material to the application, all comments received from the SPOC during pre-application coordination. Applications submitted to NIH in response to this solicitation must contain either SPOC comments or documentation indicating the date on which the application was submitted to the SPOC for review.

The SPOC comment period ends 60 days after the application receipt date. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date.

All SPOC comments must be forwarded to both the applicant and to the NCRR fiscal contact given in the PA. If comments are provided by the SPOC, the applicant may wish to submit to the NIH a statement of its reaction to the comments and any appropriate changes to its application. If no response is received from the SPOC by the end of the 60 days allotted for review of the application, the applicant must notify the NIH that no response was received.

1.3 Public Disclosure

Applicants must also make a public disclosure of the project by publication and describe its environmental impact at the time the SPOC is notified. It is suggested that the notice be published in a large-circulation newspaper in the area. This public disclosure is required by Section 102 of the National Environmental Policy Act (NEPA) of 1969 and by Federal Executive Order 11514.

One example of a suitable disclosure statement follows:

"PUBLIC NOTICE"

"Notice is hereby given that the Uptown Medical School proposes to construct additional space, partially utilizing Federal funds. The proposed construction project is the addition of 2,700 square feet connected to the existing Allen Building, which is located at 5333 Main Street, Downtown, Ohio.

"The Medical School has evaluated the environmental and community impact of the proposed construction. There will be construction noise and increased construction traffic during the construction period. No significant permanent environmental impacts are foreseen. All building permits and zoning approvals have been obtained.

"In accordance with Federal Executive Order 11514, which implements the NEPA of 1969, any individual or group may comment on, or request information concerning, the environmental implications of the proposed project. Communications should be addressed to the Office of Planning, Uptown Medical School, and be received by (date). The Federal grant application may be reviewed at the Office of the Dean, School of Medicine, 5333 Main Street, during working hours."

2. APPLICATION PREPARATION

2.1 General

The application will consist of certain forms as well as narrative and other information to be prepared or furnished by the applicant. Complete information about application content and preparation follows.

Prepare the application, single sided and single spaced, and stay within the margin limitations indicated on the form. Continuation pages should not exceed 8-1/2x11 inches in dimension, and should observe 3/4 inch margins. Use standard size (10 to 12 point, no more than 15 cpi) black type that can be photocopied; do **not** use photoreduction. All drawn graphs, diagrams, tables, and charts should be in black ink. Do **not** include photographs, oversized documents, or materials that cannot be photocopied in the body of the application; submit them in the Appendix. Do **not** insert tabs in the application materials. Number pages consecutively at the bottom throughout the application. Do **not** use suffixes such as 5a, 5b. Type the name of the Principal Investigator at the top of each printed page and each continuation page. Do **not** bind or staple either the application or the appendix material, but secure the material in sets with rubber bands. Mail or deliver the complete and signed typewritten original of the application and one signed, exact, clear, single-sided photocopy, in one package with two sets of the Appendix material, to:

CENTER FOR SCIENTIFIC REVIEW
NATIONAL INSTITUTES OF HEALTH
SUITE 1040
6701 ROCKLEDGE DRIVE MSC 7710
BETHESDA, MD 20892-7710
BETHESDA, MD 20817 (express/courier)
TELEPHONE: (301) 435-0715

At the time of submission, two additional copies of the application and appendix material must be sent under separate cover to:

Dr. D. G. Patel
Office of Review
National Center for Research Resources
One Rockledge Centre, Room 6018
6705 Rockledge Drive MSC 7965
Bethesda, MD 20892
Bethesda, MD 20817 (express/courier)
Telephone: (301) 435-0811

The application must be mailed in sufficient time to reach the Center for Scientific Review by the **firm** deadline date listed in the Program Announcement. Applications received after that date will not be accepted for review in this competition, and will be returned to the applicant.

The following supplemental instructions should be used in conjunction with the printed instructions included with the application, Standard Form (SF) 424. Complete the application following the instructions included with the application form *except* as noted below.

2.2 STANDARD FORMS (SF) 424 and 424C

SF 424 (facesheet)

(Page 1 of the application.)

Item 5. Person to be contacted - Identify the Principal Investigator. The Principal Investigator should be an institutional official, at the level of Dean or equivalent, who has the responsibility for allocation of space for the program addressed in this application, and can provide the necessary assurance for the use requirement stated in the "Award Conditions" section of the PA. *(In addition, an institutional business official contact should also be provided, as described in Section 2.3 of these instructions, "Budget (Additional information required)."*

Item 9. Enter "National Institutes of Health."

Item 10. Program - The CFDA number for this program is **93.389**; Type "NIH Construction" as the title.

Item 11. Descriptive Title of Applicant's Project -

Beginning on line 1, enter "RR-99-023, Extramural Research Facilities Construction." Subsequent lines should be used to **briefly** describe the proposed project. If the applicant is a FY 1998 PHS Center of Excellence awardee or a Regional Primate Research Center (RPRC), please indicate here. Do not attach continuation sheets for this item.

Item 13. Enter 9/30/99 through 9/29/02.

Item 15. Estimated Funding -

a. Enter the amount from item 17 on application page SF 424C. Specific limits are noted in the Program Announcement.

Requests proposing a Federal share of less than \$500,000 or more than the maximum award amount specified above will not be accepted.

b. Applicant: Use this line to indicate the difference between item 15a. above and 15g. below.

g. TOTAL: Enter the amount shown on line 16, column "a" on page SF 424C.

Item 16. The research facilities construction programs of the NIH are subject to Executive Order 12372. In addition, the applicant must also make a public disclosure of the project by publication

and describe its environmental impact at the time the SPOC is notified. This public disclosure is required by Section 102 of the National Environmental Policy Act (NEPA) of 1969 and by Federal Executive Order 11514. A copy of the public disclosure announcement must be included in the application.

SF 424C, BUDGET INFORMATION - Construction Programs

(Page 2 of the application.)

Follow the instructions given for "New" projects. Note that costs associated with purchase of land or offsite improvements are not eligible for Federal funding nor may these costs be used to satisfy matching requirements under this PA initiative.

Line 10. Equipment -

Enter the total cost of only **fixed** equipment such as cabinets, sinks, fume hoods, and other built-in equipment items which are essential to this project.

(Amounts required for scientific equipment, instrumentation, and other movable equipment essential to the project should be listed in Columns a. and b., Line 11. No construction grant funds will be provided for movable equipment, nor may the costs of movable equipment be included for purposes of satisfying the matching requirement.)

Line 11. Miscellaneous -

Enter the amount requested for all other costs in the appropriate columns.

Line 13. Contingencies -

The PHS allowable contingency is limited to 5 percent of the eligible project costs as defined above. The contingency fund is established to provide for unforeseen problems. Following the award of the construction contract by the grantee institution, the PHS funded contingency is reduced to 2 percent of the eligible project costs.

Line 17. Federal Assistance Requested

The Federal percentage share is up to 50 percent for all applications submitted in response to this PA. However, the amount of Federal assistance requested may not be less than \$500,000 or exceed the maximums noted above (see item 15.a.).

2.3 TABLE OF CONTENTS

Submit a Table of Contents (*see ATTACHMENT 4 for sample*).

2.4 PROGRAM OVERVIEW

(Page 4 of the application.)

Provide a concise (250 words or less) overview description of the proposed project stating long-term objectives and specific aims.

2.5 BUDGET (Additional information required)

Use a blank continuation sheet(s) to provide the following information which should be numbered beginning as Page 5 of the application.

A. Indicate the composition of costs shown in Item 15.b. on the SF 424 facesheet as follows:

15.b. Applicant - List (1) bonds authorized but not yet sold; (2) net amount of cash available free from claims; (3) cash value of pledges already made but unpaid (i.e., the face value) and the amount for which the pledges can be discounted by a bank or lending agency (i.e., the discounted value). A statement from the bank or lending agency should be attached giving the bank's estimate of the discounted value of the pledges; (4) total amount of contingent gifts and bequests with a description of the contingency; and (5) other proposed methods of applicant financing.

*This section should sufficiently detail the source(s) of non-federal funding for the project (for both matching funds and those funds which are necessary to complete the total project). **An applicant must provide an assurance that required matching funds are available, and that additional funds have been secured to meet project costs in excess of the Federal award and non-Federal matching amounts.***

B. Provide an itemized listing of the costs included on Line 11., Miscellaneous, on Form Page SF424C.

C. Provide the complete mailing address for postal delivery, electronic mail address, and facsimile machine number of the Principal Investigator identified in item 5. on the face sheet.

D. Provide the name, title, mailing address for postal delivery, electronic mail address, and telephone and facsimile machine numbers of the official in the business office who may be contacted regarding the financial and business management aspects of the project, and who should be notified if an award is made.

NOTE: During the administrative review of each application, the NIH may request additional information to determine the allowability of costs.

2.6 PROGRAM NARRATIVE

DO NOT EXCEED 40 PAGES FOR THIS PORTION OF THE APPLICATION.

The purpose of the Program Narrative is to provide the reviewers with information necessary to judge the overall scope and scientific and technical merit of the ongoing and proposed research activity, and the appropriateness of the proposed facility for that purpose. Applications will be

evaluated on the basis of criteria intended to assess the following overall questions: (1) How will the proposed change in the research environment facilitate the applicant institution's ability to conduct, expand, improve, or maintain biomedical/behavioral research? and 2) How will the proposed project meet national unmet health needs for biomedical/behavioral research, research training and/or research support facilities? The narrative should address the review criteria specified in the PA under REVIEW CONSIDERATIONS.

If the new facility will also be used for purposes other than research/research training or research support (i.e., multipurpose), provide detailed information regarding the proposed multiple uses, including percentages of research/nonresearch usage. Examples of such uses are teaching or administrative activities not directly related to research or research training.

The following information should be provided in sufficient detail to permit evaluation of the project:

- a. Clearly show how the proposed facility will be used to expand, improve, or maintain an existing biomedical/behavioral research and/or research support activity. Facilities renovated or constructed under this program may not be used to replace existing research/research training or research support facilities, so that the latter could be used for purposes other than biomedical/behavioral research/research training or research support. The net benefit should accrue to biomedical/behavioral research of national importance. Therefore, the plans for utilization of the existing facilities as well as the new facilities must be explicit in the application.
- b. Briefly describe the biomedical/behavioral research/research training programs or activities to be housed in the proposed new facility. Include a brief (one-page maximum) description of each major grant or program which will occupy space in the proposed new facility. If the proposed construction or renovation project is for a biomedical/behavioral research support facility, briefly describe the biomedical/behavioral research/research support programs or activities which will be benefitted by the new facility. This description should be linked to the functional layout of the proposed facility which is outlined in "Description of Facility," (See 2.6 below). Both the scientific need for and appropriateness of the new or renovated facility should be addressed. References cited should be included at the end of the narrative section. Include sources and levels of support for current or pending projects; a suggested format is provided below. For expanded or planned future research/research training or research support activities which have not been peer reviewed, provide a description sufficient to allow reviewers to judge the overall scope and potential quality of the proposed research/research training, and the appropriateness of the facility for the proposed activity.

Provide a table using the suggested format which details the research support for the following:

1. Investigators currently receiving research/research training funding who will utilize space in the new facility.
2. Investigators with pending research/research training applications or proposals who will utilize space in the new facility.

3. Other investigators who will utilize space in the new facility (indicate source of support).
4. Investigators/institutions which will benefit from the resource to be provided by construction of the new facility.

A suggested format for reporting is:

| Suggested Format | | | |
|--|--|--|-------------------------------|
| Biomedical/Behavioral Research/Research Training | | | |
| Which Will Utilize or Benefit from the Proposed Facility | | | |
| (1) | (2) | (3) | (4) |
| Grant/Contract Number ^{1/} and Funding Agency | Title Principal Investigator ^{2/} Institution | Direct Costs(\$) For Current Budget Period | Project Period End Date |
| ----- | ----- | ----- | ----- |

^{1/} Indicate whether active (A) or pending (P).

^{2/} If multiple subprojects are being identified that are a part of a grant/contract, list the grant/contract number only once in column (1) and provide the information requested in columns (2) through (4) as the information relates to the overall grant/contract. Use successive lines beginning with column (2) to identify the subproject information as parenthetical information.

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- c. Provide a proposed timetable for construction, i.e., target dates for bid advertisement, contract award, construction completion, and occupancy. ***Please note that advertisement for construction bids and construction can be initiated only after receipt of the construction grant award and subsequent approval of the working drawings and specifications by NIH staff; such approval generally requires at least 90 days.***
 - d. Provide a written certification that the facility will be utilized exclusively for the specific purpose for which it was constructed for at least 20 years, beginning 90 days following completion of the construction project. Staff of the NIH will review usage periodically to assure that the space continues to be used for the approved purposes. ***The NCRR will initiate recovery actions in accordance with 45 CFR 74.32 if the grantee fails to comply with the usage requirement.***

2.7 DESCRIPTION OF FACILITY

A. The appropriateness of the proposed physical location and layout of the new facility will be evaluated by both scientific and technical reviewers. Do not submit detailed architect's design development documents and drawings; line drawings or schematic drawings of the space layout must be provided for technical review. The following data on facility design must be included:

1. A functional layout of the proposed facility, such as a line drawing or series of line drawings to show:
 - a. Location of proposed facility in relation to existing buildings. (Indicate all building names and addresses.)
 - b. Layout of each laboratory, clinic, office, animal room, or other space including building involved, entries and exits, clearances and location of fixed equipment items such as hoods and autoclaves. Generic laboratory descriptions are not sufficient for technical evaluation.
 - c. Utilization of space by investigator's name or by specific function, e.g., instrument room.

The line or schematic drawing(s) must be no larger than 8-1/2"x11" and reproducible by photocopy or similar process. Scales must be clearly indicated on all line drawings. Legibility of the drawings is important.

2. A table showing the net square feet in the proposed facility with breakdown where possible by program assignments, by principal investigator or by function (*see sample table included as ATTACHMENT 5*). The format encourages the identification of space in relation to the science and the program activity. Where this is not possible, space may be identified as clinical or animal research areas (examination rooms, etc.), equipment areas, or centralized/core facilities. (*Applicants should pay particular attention to the footnotes on the sample table regarding those cost items to be included in the unit and total cost amounts.*)
3. A table showing gross square feet in the new facility.
4. A table showing a summary of proposed use of vacated research space (with a breakdown where possible by program assignments by principal investigator (*see sample table included as ATTACHMENT 6*)).
5. A tabulation of space by room type (basic research, clinical research, office space, etc.).
6. An itemized listing of fixed equipment including cost.

Architect's design development documents and drawings will be requested ONLY if a decision is made to fund the project. They should NOT be submitted with the application.

B. Applicants must include an **opinion from acceptable title counsel** describing the interest the applicant organization has in the **site and the building** and certifying that the estate or interest is legal and valid. If there is a lease, the legal opinion must provide evidence of the existence of a lease agreement which covers a time period sufficient for the usage requirement (20 years beyond completion or occupancy of the project) and that a Federal interest in the building will be recorded for the period of the usage requirement. (*Refer also to assurances.*)

2.8 SF 424D, ASSURANCES, ADDITIONAL ASSURANCES, AND CERTIFICATIONS (See ATTACHMENT 7) -

*In signing the application, the applicant assures compliance with each of the assurances and certifications which form a part of the application. **The Form SF424D, Assurances - Construction Programs, and the pages entitled "Additional Assurances" which immediately follow the form SF424D in Attachment 7, must be submitted with the application (see also Checklist).** The following provides information regarding certain of these assurances and certifications. Questions may be addressed to the fiscal contact named in the PA.*

DEBARMENT AND SUSPENSION

Executive Order 12549, "Debarment and Suspension," mandated development of a Government wide debarment and suspension system for nonprocurement transactions with Federal agencies. Nonprocurement transactions include grants, cooperative agreements, and fellowships. DHHS regulations implementing Executive Order 12549 are provided at 45 CFR 76, "Government wide Debarment and Suspension (Nonprocurement) and Government wide Requirements for Drug-Free Workplace (Grants)." Accordingly, before an award can be made, the applicant organization must make the following certification (Appendix A of the DHHS regulations):

- "(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals (including research personnel):*
 - "(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;*
 - "(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*

- "(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - "(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- "(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal."

Grantees are required to obtain a similar certification from most subawardees, called "lower tier participants." (See 45 CFR 76, Appendices A and B.) The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

DELINQUENT FEDERAL DEBT

In accordance with OMB Memorandum M-87-32, "Certification of Nondelinquency by Applicants for Federal Assistance," the applicant organization must certify that it is not delinquent on the repayment of any Federal debt before a grant award can be made. The certification applies to the applicant organization, not to the person signing the application as the authorized representative nor to the principal investigator.

Where the applicant discloses delinquency on debt to the Federal Government, the PHS shall (1) take such information into account when determining whether the prospective grantee organization is responsible with respect to that grant, and (2) consider not making the grant until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed. Therefore, it may be necessary for the PHS to contact the applicant before a grant can be made to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Applicants who fail to liquidate indebtedness to the Federal Government in a business-like manner place themselves at risk of not receiving financial assistance from the PHS.

Federal debt collection provisions contained in Section 3201 (e) of the Federal Debt Collection Procedures Act also apply to individuals. PHS will disallow costs charged to awards that provide funds to individuals who are in violation of the Act.

DRUG-FREE WORKPLACE

The Drug-Free Workplace Act of 1988 (Public Law 100-690, Title V, Subtitle D) requires that all grantees receiving grants from any Federal agency certify to that agency that they will maintain a drug-free workplace. DHHS regulations implementing the Act are provided in 45 CFR 76, "Governmentwide Debarment and Suspension (Nonprocurement) and Governmentwide

Requirements for Drug-Free Workplace (Grants)." Accordingly, before a grant award can be made, the applicant organization must make the certification set forth below (Appendix C of the DHHS regulations). The certification is a material representation of fact upon which reliance will be placed by the PHS awarding component. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or Governmentwide suspension or debarment.

The applicant organization certifies "that it will continue to provide a drug-free workplace by:

- "(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;*
- "(b) Establishing an ongoing drug-free awareness program to inform employees about:*
 - (1) The dangers of drug abuse in the workplace;*
 - (2) The grantee's policy of maintaining a drug-free workplace;*
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and*
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;*
- "(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);*
- "(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:*
 - (1) Abide by the terms of the statement; and*
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction;*
- "(e) Notifying the agency in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;*

"(f) Taking one of the following actions within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or*
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;*

"(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f)."

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

*Division of Grants Management and Oversight
Office of Management and Acquisition
Department of Health and Human Services
Room 517-D
200 Independence Avenue, S.W.
Washington, DC 20201*

FINANCIAL CONFLICT OF INTEREST

Each institution that applies for a research, research training, or research-related grant or cooperative agreement under the Public Health Service Act must certify that the institution has established administrative policies as required by the Final Rule, 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is sought."

The signature of the official signing for the applicant institution on the Face Page of the application serves as certification that:

- (a) There is in effect at that institution an administrative process to identify and resolve conflicting financial interests of the type described in Subpart 50.605(a) with respect to all research projects for which funding is sought from the PHS;*
- (b) The institution agrees to make information available to the PHS regarding all conflicting financial interests identified by the institution of the type described in Subpart 50.605 and how these interests have been resolved to protect the research from bias.*

8 *The institution will otherwise comply with 42 CFR Part 50, Subpart F.*

Significant Financial Interests means anything of monetary value, including but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include:

- (I) Salary, royalties, or other remuneration from the institution;*
- (ii) Any ownership interests in the institution, if the institution is an applicant under the SBIR Program;*
- (iii) Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;*
- (iv) Income from service on advisory committees or review panels for public or nonprofit entities;*
- (v) An equity interest which meets both of the following tests: does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair value market when aggregated for the investigator and the investigator's spouse and dependent children; or constitute more than a five percent ownership interest in any single entity when aggregated in the same manner; or*
- (vi) Salary, royalties or other payments that are not reasonably expected to exceed \$10,000 per annum from any single entity when aggregated for the investigator and the investigator's spouse and children.*

However, the exclusions in paragraphs (I), (v), and (vi) shall not apply if the compensation or transfer of an equity interest is conditioned upon a particular outcome in the PHS-funded research.

LOBBYING

*Title 31, United States Code, Section 1352, entitled "Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (nonappropriated) funds. These requirements apply to grants and cooperative agreements **exceeding** \$100,000 in total costs. DHHS regulations implementing Section 1352 are provided in 45 CFR Part 93, "New Restrictions on Lobbying."*

The complete Certification Regarding Lobbying is provided below.

"The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- "(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.*
- "(2) Of any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.*
- "(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.*

"This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that the statements herein are true, accurate, and complete, and agrees to comply with the Public Health Service terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, U.S. Code, Section 1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

RESEARCH MISCONDUCT

Each institution that receives or applies for a research, research training, or research-related grant or cooperative agreement under the Public Health Service Act must certify that the institution has established administrative policies as required by the Final Rule, 42 CFR 50,

Subpart A, "Responsibilities for PHS Awardee and Applicant Institutions for Dealing with and Reporting Possible Misconduct in Science and that it will comply with those policies and the requirements of the Final Rule.

The signature of the official signing for the applicant organization on the face page of the application serves as certification that:

- (a) The institution will comply with the requirements of the PHS regulations on responsibilities of awardee and applicant institutions for dealing with and reporting possible research misconduct, in 42 CFR Part 50, Subpart A;*
- (b) The institution has established policies and procedures incorporating the provisions set forth in 42 CFR, Subpart A;*
- 8** *The institution will provide its policies and procedures to the Office of Research Integrity upon request; and*
- (d) At the end of each calendar year, all institutions with research, research training, or research-related grants or cooperative agreements will make a submission (PHS Form 6349) comprising an aggregate report on their allegations, inquiries and investigations handled in the previous year. Form 349 will be sent automatically to all PHS awardees by the Office of Research Integrity at the end of each calendar year.*

Research Misconduct is defined by the Public Health Service as fabrication, falsification, plagiarism or other practices that seriously deviate from those that are commonly accepted within the research community for proposing, conducting or reporting research. It does not include honest error or honest differences in interpretation or judgements of data.

Falsification, fabrication, or plagiarism in the grant application is considered per se research misconduct unless the principal investigator or other responsible person shows, following the exercise of due care, that the falsification, fabrication or plagiarism was due to honest error or honest differences in interpretation or judgements of data.

For further information, contact the Office of Research Integrity, Division of Policy and Education, Rockwall II, Suite 700, 5515 Security Lane, Rockville, MD 20852. Telephone: (301) 443-5300.

2.9 BIOGRAPHICAL SKETCHES

Provide an alphabetical listing of all investigators who will utilize space in the new facility.

Include biographical sketches of the proposed Principal Investigator and investigators identified in the alphabetical listing who will utilize space in the new facility, not to exceed two pages each.

Include name and position title. **Do not include social security numbers.**

List degree(s), year(s) conferred, and field(s) of study.

Research and Professional Experience: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years which are pertinent to this application.

2.10 APPLICATION CHECKLIST

Complete pages 1 and 2 of the "CHECKLIST FOR NIH RESEARCH FACILITY CONSTRUCTION GRANT APPLICATION" (*see ATTACHMENT 8*) and submit as the last pages of the original copy of the application.

2.11 PERSONAL DATA ON PRINCIPAL INVESTIGATOR

Complete and submit the Personal Data form page for the Principal Investigator (see Attachment 9), following the instructions on the form page except for the following. **The Social Security Number (SSN) along with the Principal Investigator's name should be provided at the top of the Personal Data form page only;** the SSN should not be listed on any pages of the application. In accordance with the instructions provided on the form page, do not attach copies of the Personal Data form page to the duplicated copies of the application. Upon receipt of the application by NIH, this page is separated from the application and the data, including the SSN, are encrypted in the NIH database. A partially completed Personal Data form page is acceptable to NIH, i.e., applicants may elect to provide some items but not all.

(The Social Security Number is requested for the purpose of accurate identification, referral, and review of applications and for efficient management of PHS grant programs. Provision of the Social Security Number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number.)

3. APPENDIX

3.1 ATTACHMENTS TO SUPPLEMENTAL INSTRUCTIONS:

ATTACHMENT 1 - Environmental Analysis Sample Suggested Format

ATTACHMENT 2 - State Single Point of Contact List

ATTACHMENT 3 - Standard Forms SF 424 and SF 424C

ATTACHMENT 4 - Sample Table of Contents

ATTACHMENT 5 - Sample Summary Page of Requested Space

ATTACHMENT 6 - Sample Summary Page of Use of Vacated Research Space

ATTACHMENT 7 - Standard Form SF 424D
(Assurances - Construction Programs) and Additional Assurances

ATTACHMENT 8 - Checklist

ATTACHMENT 9 - Personal Data on Principal Investigator form page

ATTACHMENT 10 - Disclosure of Lobbying Activities (Standard Form - LLL)

ATTACHMENT 11 - Centers of Excellence Directory

ATTACHMENT 1

SUGGESTED FORMAT

Environmental Analysis Form

Date _____ Proposed Construction Grant for _____
(Principal Investigator)

A. USE OF NATURAL RESOURCES

This set of criteria is concerned with the *accessibility* of nonrenewable natural resources such as land, minerals, and fuels as well as the flow resources (water and air) that are constantly renewed but in which short-term or local shortages might occur.

| Criteria | Impact | | Description of Environmental Impact |
|---|--------------------------|--------------------------|--|
| | YES | NO | |
| <i>Will the project:</i> | | | |
| 1) Change traditional use of the land parcel (by rezoning etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | Present zoning: _____ Present use of site: _____ Proposed zoning: _____ |
| 2) After use of other land by related development of stores, roads, or site changes? | <input type="checkbox"/> | <input type="checkbox"/> | |
| a) Generate new stores? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) Cause new roads? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Cause new parking? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Before answering question 3, consider these items: Soil borings <i>have/have not</i> been completed. Proposed facility <i>will/will not</i> have foundations similar to other facilities in the area. The facility <i>is/is not</i> in a flood plain. | | | |
| 3) Use land for purposes unsuitable to its physical characteristics? | | | |
| 4) Include the use of wetlands (swamps, marshes etc.)? | | | |
| 5) Block access to known mineral deposits? | | | (Sand, gravel, clay, stone, or other common building materials are not considered mineral deposits.) |
| 6) Increase fuel and mineral consumption in state by more than 1% annually? | | | Est. annual fuel requirements: _____ gallons of fuel _____ cubic feet of natural gas _____ tons of coal _____ kWh of electricity Expected source(s) of these fuels: |

| Criteria | Impact YES NO | Description of Environmental Impact |
|---|------------------|--|
| 7) Decrease the volume of water in a lake, river table, reservoir, etc.? | | If yes, describe. |
| 8) Change traditional use of a body water? | | If yes, describe. |
| 9) <i>Not</i> comply with the local and State land use planning? | | |
| B. POLLUTION | | |
| <p>This set of criteria concerns the processes that generate pollution. These include the introduction of pollutants into the environment, changes in the flow of energy through the environment, and changes in the composition of environments through the augmentation or deletion of substances that are naturally present. The criteria are also directly concerned with the production and one-time use of materials and the proper disposal of wastes.</p> | | |
| Criteria | Impact YES NO | Description of Environmental Impact |
| <i>Will the project:</i> | | |
| 1) Increase identifiable ambient air pollution levels from a new emission source or from existing sources? | | |
| 2) Increase identifiable ambient air pollution levels through a major increase in the number of or use of automobiles, trucks, etc.? | | Approximate number of new employees: _____ |
| 3) Exceed city or State health standards with exhausts from fume hoods? | | If yes, describe. |
| 4) Involve | | If yes, describe. |
| a) Dredging or swamp drainage? | | |
| b) Construction of a waste treatment plant? | | If yes, describe capacity & location. |

| Criteria | Impact YES NO | Description of Environmental Impact |
|--|------------------|--|
| c) Discharge of untreated human waste directly into a lake, river, etc.? | | If yes, describe. |
| d) Discharge of laboratory wastes biohazard wastes directly into a lake, river, etc.? | | If yes, describe |
| 5) Overload existing waste treatment plants due to new loads (volume, chemicals, toxicity, etc.) water? | | Please obtain and submit a connection permit or other approval from local sewer authority. |
| 6) Cause soil erosion (after completion of construction phase) or leaching of foreign substances (such as salt) into soil? | | If yes, describe |
| 7) Allow seepage of contaminants into the water table? | | If yes, describe. |
| 8) Increase the stress placed upon an identified earthquake fault? | | If yes, please include a statement from a structural engineer. |
| 9) Create an identifiable change in aquatic life by discharge of hot water? | | If yes, explain. |
| 10) Decrease the percolation on More than one acre of land? | | If yes, explain. |
| 11) Cause storm water runoff onto land owned by others? | | If yes, explain. |
| <p>Consider the following statements prior to answering questions 12-14: Facility <i>will/will not</i> emit noises in excess of local noise standards. Is facility near wildlife sanctuary? Are outdoor animal facilities included? Facility <i>will/will not</i> contain x-ray machines. Facility <i>will/will not</i> meet Atomic Energy Commission standards.</p> | | |
| 12) Produce noises considered offensive to a human population? | | If yes, describe. |

| Criteria | Impact YES NO | Description of Environmental Impact |
|--|------------------|--|
| 13) Create sounds that result in changes in behavior patterns of animals? | | If yes, describe. |
| 14) Introduce major new sources of unshielded radiation? | | If yes, describe. |
| 15) Cause shock waves and/or vibration (after construction phase)? | | If yes, describe. |
| 16) Change the direction and wind velocity as to affect the local population (i.e., high-rise building)? | | If yes, describe. |
| 17) Cause a new, large volume of production of non-recycled items? | | If yes, describe. |
| 18) Result in the non-recycling of recyclable items such as laboratory glassware, animal cages, and office paper? | | If yes, describe. If no, indicate number of Glassware-washing machines: _____ Cage-washing machines: _____ |
| 19) Generate solid wastes that cannot be properly disposed of by existing facilities? | | If yes, describe. If no, describe proposed methods and disposal sites. |
| 20) Dispose of solid wastes in in polluting landfills, wells, caves, etc.? | | If yes, describe. |
| 21) Require storage of waste pending technology for safe disposal? | | If yes, describe. |
| 22) <i>Not</i> comply with Federal, State, & local requirements for waste handling, transportation, or disposal methods? | | Describe proposed methods. |

C. POPULATIONS

This section of the initial criteria addresses changes in human & plant populations.

NOTE: For these criteria, the *affected area* is defined as being *greater than 160 acres in size*.

| Criteria | Impact | | Description of Environmental Impact |
|---|--------|----|--|
| | YES | NO | |
| <i>Will the facility cause:</i> | | | |
| 1) A 5% change in the density of the local population? | | | Est. local population: _____ Number of new employees: _____ |
| 2) Alteration of transportation, health, education, and/or welfare service? | | | If yes, describe. |
| 3) Change in social service needs by altering population's age pattern (new schools, etc.)? | | | If yes, describe. |
| 4) A 5% change in the transient population? | | | If yes, describe. Include est. cost of Visitors: _____ Patients: _____ Students: _____ |
| 5) Changes in genetic engineering directed at the human population? | | | If yes, describe. |
| 6) Violation of local, State, or Federal standards pertaining to population densities of or conservation of plants and animals? | | | If yes, describe. Also describe any approvals needed or submit those already obtained. |

D. HUMAN SERVICES

As society has evolved, traditional self-sufficient human communities have given way to dense populations that depend upon the development and application of technology. Man's highly complex, technological environments are maintained by a variety of services, ranging from the provision of the basic necessities of food and water to a complex system of economic exchange. These services are largely interdependent, and their complexities must be considered.

NOTE: In this section, the *human environment* impacted upon is defined as *less* than 160 acres in size.

| Criteria | Impact YES NO | Description of Environmental Impact |
|---|------------------|-------------------------------------|
| <i>Could the proposed project disrupt:</i> | | |
| 1) Food supplies for 48 hours? | | If yes, explain. |
| 2) Water supplies for over 48 hours? | | If yes, explain. |
| 3) Electrical power for 48 hours? | | If yes, explain. |
| 4) Heating supplies (natural gas, heating oil) for over 48 hours? | | If yes, explain. |
| 5) Or deprive population of housing for over 48 hours? | | If yes, explain. |
| 6) Removal of sewage for more than 12 hours? | | If yes, explain. |
| 7) Removal of solid waste (trash) for more than 7 days? | | If yes, explain. |
| 8) Existing health services response in case of a disaster? | | If yes, explain. |

| Criteria | Impact YES NO | Description of Environmental Impact |
|--|------------------|---|
| 9) Telephone, telegraph, radio, or mail service for over 2 weeks ? | | If yes, explain. |
| 10) Transmit service for more than than 2 weeks? | | If yes, explain. |
| <i>Will the proposed project use more than 5% of:</i> | | |
| 11) Remaining electrical capacity? | | Estimated daily usage is ____kWh. Please obtain & submit an approval letter from local utility or plant engineer. |
| 12) Remaining water? | | Estimated daily usage is ____gallons. Please obtain & submit an approval letter from local utility or plant engineer. |
| 13) Available capacity of the sewage treatment system (branch lines, mains, plants)? | | Estimated daily flow is ____gallons. Please obtain & submit an approval letter from local utility. |
| 14) Available capacity of trash disposal system (collection, incinerator plant, landfill)? | | Also clearly explain proposed handling and disposal of chemical wastes, biohazardous, syringes, and other special wastes. |
| 15) Available heating fuel (gas, coal or heating oil)? | | Annual quantities have already been described. Explain which of these fuels, if any, are in short supply. |
| <i>Will the proposed project decrease:</i> | | |
| 16) By 5% the food delivery system by removal of retail food stores etc.? | | If yes, explain. |
| 17) By 5% the area s domestic housing by demolition, closing, etc.? | | If yes, explain. Will <i>any</i> housing be demolished, closed, etc.? |

| Criteria | Impact YES NO | Description of Environmental Impact |
|---|------------------|---|
| 18) By more than 5% the use of existing transit systems (bus, train, etc.)? | | If yes, explain. Relate to extent of new employment. |
| 19) Accessibility to routine health services by altering point-of-service delivery? | | If yes, explain. |
| <i>Will the proposed facility:</i> | | |
| 20) Increase by more than 5% the patient load of the area s routine care services? | | If yes, explain. |
| 21) Change the availability of social services by opening or closing facilities? | | If yes, explain. |
| 22) Increase by more than 5% the number of social services recipients (through unemployment)? | | If yes, explain. |
| 23) Cause discontinuation of existing stops or train stations? | | If yes, explain. |
| 24) Increase by more than 5% the annual volume of telephone, telegraph, or mail? | | If yes, explain. Relate to new employment or change in location of employees. |
| 25) Eliminate employment sources for 10% of the population. | | If yes, describe. |
| 26) Change school enrollment by more than 5%? | | If yes, describe. |

D. HUMAN VALUES

The fifth set of criteria is directed toward human values concerning the environmental qualities generally agreed upon to the extent that they are stated in statutes, standards, or regulations.

| Criteria | Impact | | Description of Environmental Impact |
|---|--------|----|---|
| | YES | NO | |
| <i>Will the proposed project:</i> | | | |
| 1) Encroach upon any historical, architectural, or archeological cultural property? | | | <i>Historical preservation:</i> Obtain and submit clearance letters from State office. <i>Architectual, archeological, and cultural:</i> Obtain and submit clearance from local government or local society. |
| 2) Affect any endangered species? | | | If yes, describe. |
| 3) Violate local, State, or Federal standards on aesthetics, or noise? | | | If yes, describe. |

ATTACHMENT 2



State Single Point of Contact Listing Maintained by OMB

In accordance with Executive Order #12372, "Intergovernmental Review of Federal Programs," Section 4, "the Office of Management and Budget (OMB) shall maintain a list of official State entities designated by the States to review and coordinate proposed Federal financial assistance and direct Federal development." This attached listing is the OFFICIAL OMB LISTING. This listing is also published in the Catalogue of Federal Domestic Assistance biannually.

OMB STATE SINGLE POINT OF CONTACT LISTING*

Arizona

Joni Saad
Arizona State Clearinghouse
3800 N. Central Avenue
Fourteenth Floor
Phoenix, Arizona 85012
Telephone: (602) 280-1315
FAX: (602) 280-8144
e-mail: jonis@ep.state.az.us

Arkansas

Mr. Tracy L. Copeland
Manager, State Clearinghouse
Office of Intergovernmental Services
Department of Finance and Administration
1515 W. 7th St., Room 412
Little Rock, Arkansas 72203
Telephone: (501) 682-1074
FAX: (501) 682-5206

California

Grants Coordinator
Office of Planning and Research/State Clearinghouse
1400 Tenth Street, Room 121
Sacramento, California 95814
Telephone: (916) 323-7480
FAX: (916) 323-3018

Delaware

Francine Booth
State Single Point of Contact
Executive Department, Office of the Budget
540 S. duPont Hi.
Suite 5
Dover, Delaware 19901
Telephone: (302) 739-3326
FAX: (302) 739-5661

District of Columbia

Charles Nichols
State Single Point of Contact
Office of Grants Management and Development
717 14th Street, N.W. - Suite 1200
Washington, D.C. 20005
Telephone: (202) 727-6537
FAX: (202) 727-1617
e-mail: charlesnic@yahoo.com or cnichols-ogmd@dcgov.org

Florida

Cherie L. Trainor
Coordinator
Florida State Clearinghouse
Department of Community Affairs
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100
Telephone: (850) 922-5438 or (850) 414-5495
FAX: (850) 414-0479
e-mail: cherie.trainor@dca.state.fl.us

Georgia

Debra S. Stephens
Coordinator
Georgia State Clearinghouse
270 Washington Street, S.W. - 8th Floor
Atlanta, Georgia 30334
Telephone: (404) 656-3855
FAX: (404) 656-7901
e-mail: ssda@mail.opb.state.ga.us

Illinois

Virginia Bova

State Single Point of Contact
Illinois Department of Commerce and Community Affairs
James R. Thompson Center
100 West Randolph, Suite 3-400
Chicago, Illinois 60601
Telephone: (312) 814-6028
FAX: (312) 814-1800

Indiana

Frances Williams
State Budget Agency
212 State House
Indianapolis, Indiana 46204-2796
Telephone: (317) 232-5619
FAX: (317) 233-3323

Iowa

Steven R. McCann
Division for Community Assistance
Iowa Department of Economic Development
200 East Grand Avenue
Des Moines, Iowa 50309
Telephone: (515) 242-4719
FAX: (515) 242-4809

Kentucky

Kevin J. Goldsmith, Director
John-Mark Hack, Deputy Director
Sandra Brewer, Executive Secretary
Intergovernmental Affairs
Office of the Governor
700 Capitol Avenue
Frankfort, Kentucky 40601
Telephone: (502) 564-2611
FAX: (502) 564-2849

Maine

Joyce Benson
State Planning Office
184 State Street
38 State House Station
Augusta, Maine 04333
Telephone: (207) 287-3261

FAX: (207) 287-6489

Maryland

Linda C. Janey, JD
Manager, Clearinghouse and Plan Review Unit
Maryland Office of Planning
301 W. Preston Street - Room 1104
Baltimore, Maryland 21201-2305
Telephone: (410) 767-4491
FAX: (410) 767-4480
e-mail: Linda@mail.op.state.md.us

Michigan

Richard Pfaff
Southeast Michigan Council of Governments
660 Plaza Drive - Suite 1900
Detroit, Michigan 48226
Telephone: (313) 961-4266
FAX: (313) 961-4869

Mississippi

Cathy Mallette
Clearinghouse Officer
Department of Finance and Administration
455 North Lamar Street
Jackson, Mississippi 39202-3087
Telephone: (601) 359-6762
FAX: (601) 359-6764

Missouri

Lois Pohl/Carol Meyer
Federal Assistance Clearinghouse
Office Of Administration
P.O. Box 809
Room 915, Jefferson Building
Jefferson City, Missouri 65102
Telephone: (573) 751-4834
FAX: (573) 522-4395

Nevada

Heather Elliott
Department of Administration

State Clearinghouse
Capitol Complex
Carson City, Nevada 89710
Telephone: (702) 687-6367
FAX: (702) 687-3983

New Hampshire

Jeffrey H. Taylor
Director, New Hampshire Office of State Planning
Attn: Intergovernmental Review Process
Mike Blake
Office of State Planning
2 1/2 Beacon Street
Concord, New Hampshire 03301
Telephone: (603) 271-2155
FAX: (603) 271-1728

New Mexico

Nick Mandell
Local Government Division
Room 201, Bataan Memorial Building
Santa Fe, New Mexico 87503
Telephone: (505) 827-4991
FAX: (505) 827-4948

New York

New York State Clearinghouse
Division of the Budget
State Capitol
Marsha Roth
Albany, New York 12224
Telephone: (518) 474-1605
FAX: (518) 486-5617

North Carolina

Chrys Baggett, Director
North Carolina State Clearinghouse
Office of the Secretary of Administration
116 West Jones Street - Suite 5106
Raleigh, North Carolina 27603-8003
Telephone: (919) 733-7232
FAX: (919) 733-9571

North Dakota

Jim Boyd
North Dakota Single Point of Contact
Office of Intergovernmental Assistance
600 East Boulevard Avenue
Department 105
Bismarck, North Dakota 58505-0170
Telephone: (701) 328-2094
FAX: (701) 328-2308

Rhode Island

Kevin Nelson
Review Coordinator
Department of Administration
Division of Planning
One Capitol Hill, 4th Floor
Providence, Rhode Island 02908-5870
Telephone: (401) 222-2656
FAX: (401) 222-2083

South Carolina

Omegia Burgess
State Single Point of Contact
Budget and Control Board
Office of State Budget
1122 Ladies Street - 12th Floor
Columbia, South Carolina 29201
Telephone: (803) 734-0494
FAX: (803) 734-0645

Texas

Tom Adams
Single Point of Contact, State of Texas
Governor's Office of Budget and Planning
Director, Intergovernmental Coordination
P.O. Box 12428
Austin, Texas 78711-2428
Telephone: (512) 463-1771
FAX: (512) 936-2681
e-mail: tadams@governor.state.tx.us

Utah

Carolyn Wright
Utah State Clearinghouse
Office of Planning and Budget
Room 116 State Capitol
Salt Lake City, Utah 84114
Telephone: (801) 538-1535
FAX: (801) 538-1547

West Virginia

Judith Dryer
Chief Program Manager
West Virginia Development Office
Building #6, Room 645, State Capitol
Charleston, West Virginia 25305
Telephone: (304) 558-0350
FAX: (304) 558-0362

Wisconsin

Jeff Smith
Section Chief
State/Federal Relations
Wisconsin Department of Administration
101 East Wilson Street - 6th Floor
P.O. Box 7868
Madison, Wisconsin 53707
Telephone: (608) 266-0267
FAX: (608) 267-6931

Wyoming

Matthew Jones
State Single Point of Contact
Office of the Governor
200 West 24th Street
State Capital, Room 124
Cheyenne, Wyoming 82002 FAX: (307) 632-3909

TERRITORIES

Guam

Mr. Giovanni T. Sgambelluri
Director
Bureau of Budget and Management Research
Office of the Governor

P.O. Box 2950
Agana, Guam 96910
Telephone: 011-671-472-2285
FAX: 011-671-472-2825

Puerto Rico

Norma Burgos/Jose E. Caro
Chairwoman/Director
Puerto Rico Planning Board
Federal Proposals Review Office
Minillas Government Center
P.O. Box 41119
San Juan, Puerto Rico 00940-1119
Telephone: (809) 727-4444 or (809) 723-6190
FAX: (809) 724-3270 or (809) 724-3103

Northern Mariana Islands

Mr. Alvaro A. Santos, Executive Officer
Office of Management and Budget
Office of the Governor
Saipan, MP 96950
Telephone: (670) 664-2256
FAX: (670) 664-2272

Please direct all questions and correspondence about intergovernmental review to:
Ms. Jacoba T. Seman,
Federal Programs Coordinator
Telephone: (670) 664-2289
FAX: (670) 664-2272

Virgin Islands

Nellon Bowry
Director, Office of Management and Budget
#41 Norregade Emancipation Garden Station
Second Floor
Saint Thomas, Virgin Islands 00802

Please direct all questions and correspondence about intergovernmental review to:
Daisey Millen
Telephone: (809) 774-0750
FAX: (809) 776-0069

If you would like a copy of this list faxed to your office, please call our publications office at: (202) 395-9068.

* In accordance with Executive Order #12372, "Intergovernmental Review of Federal Programs," this listing represents the designated State Single Points of Contact. The jurisdictions not listed no longer participate in the process ***BUT GRANT APPLICANTS ARE STILL ELIGIBLE TO APPLY FOR THE GRANT EVEN IF YOUR STATE, TERRITORY, COMMONWEALTH, ETC. DOES NOT HAVE A "STATE SINGLE POINT OF CONTACT." JURISDICTIONS WITHOUT "STATE SINGLE POINTS OF CONTACTS" INCLUDE:*** Alabama; Alaska; American Samoa; Colorado; Connecticut; Kansas; Hawaii; Idaho; Louisiana; Massachusetts; Minnesota; Montana; Nebraska; New Jersey; Ohio; Oklahoma; Oregon; Palau; Pennsylvania; South Dakota; Tennessee; Vermont; Virginia; and Washington.

This list is based on the most current information provided by the States. Information on any changes or apparent errors should be provided to the Office of Management and Budget and the State in question. Changes to the list will only be made upon formal notification by the State. Also, this listing is published biannually in the Catalogue of Federal Domestic Assistance.



[Return to Administering Awards](#)



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Last Updated: November 20, 1998

ATTACHMENT 3

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | | | | |
|---|-------------|--|-------------------|---|----------------------|------------------------------|
| FEDERAL ASSISTANCE | | | 2. DATE SUBMITTED | | Applicant Identifier | |
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | | State Application Identifier |
| | | | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier |
| 5. APPLICANT INFORMATION | | | | | | |
| Legal Name: | | | | Organizational Unit: | | |
| Address (give city, county, State, and zip code): | | | | Name and telephone number of person to be contacted on matters involving this application (give area code) | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div><input type="text"/><input type="text"/><input type="text"/> — <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> | | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div><input type="text"/></div> <div><div>A. State</div><div>B. County</div><div>C. Municipal</div><div>D. Township</div><div>E. Interstate</div><div>F. Intermunicipal</div><div>G. Special District</div><div>H. Independent School Dist.</div><div>I. State Controlled Institution of Higher Learning</div><div>J. Private University</div><div>K. Indian Tribe</div><div>L. Individual</div><div>M. Profit Organization</div><div>N. Other (Specify) _____</div></div> | | |
| 8. TYPE OF APPLICATION: <div><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div> <div>If Revision, enter appropriate letter(s) in box(es) <input type="text"/> <input type="text"/></div> <div><div>A. Increase Award</div><div>B. Decrease Award</div><div>C. Increase Duration</div><div>D. Decrease Duration</div><div>Other(specify): _____</div></div> | | | | 9. NAME OF FEDERAL AGENCY: | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div><input type="text"/><input type="text"/><input type="text"/> — <input type="text"/><input type="text"/><input type="text"/></div> <div>TITLE: _____</div> | | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): | | | | | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF: | | | | |
| Start Date | Ending Date | a. Applicant | | | b. Project | |
| 15. ESTIMATED FUNDING: | | | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | |
| a. Federal | | \$ | | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ | | |
| b. Applicant | | \$ | | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | |
| c. State | | \$ | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | |
| d. Local | | \$ | | <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No | | |
| e. Other | | \$ | | | | |
| f. Program Income | | \$ | | | | |
| g. TOTAL | | \$ | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | | |
| a. Type Name of Authorized Representative | | | b. Title | | c. Telephone Number | |
| d. Signature of Authorized Representative | | | | e. Date Signed | | |

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry: | Item: | Entry: |
|-------|---|-------|--|
| 1. | Self-explanatory. | 12. | List only the largest political entities affected (e.g., State, counties, cities). |
| 2. | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable). | 13. | Self-explanatory. |
| 3. | State use only (if applicable). | 14. | List the applicant's Congressional District and any District(s) affected by the program or project. |
| 4. | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank. | 15. | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| 7. | Enter the appropriate letter in the space provided. | 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided: -- "New" means a new assistance award. -- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. -- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. | | |
| 9. | Name of Federal agency from which assistance is being requested with this application. | | |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. | | |
| 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. | | |

BUDGET INFORMATION - Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

| COST CLASSIFICATION | a. Total Cost | b. Costs Not Allowable for Participation | c. Total Allowable Costs (Columns a-b) |
|--|---------------|---|---|
| 1. Administrative and legal expenses | \$.00 | \$.00 | \$.00 |
| 2. Land, structures, rights-of-way, appraisals, etc. | \$.00 | \$.00 | \$.00 |
| 3. Relocation expenses and payments | \$.00 | \$.00 | \$.00 |
| 4. Architectural and engineering fees | \$.00 | \$.00 | \$.00 |
| 5. Other architectural and engineering fees | \$.00 | \$.00 | \$.00 |
| 6. Project inspection fees | \$.00 | \$.00 | \$.00 |
| 7. Site work | \$.00 | \$.00 | \$.00 |
| 8. Demolition and removal | \$.00 | \$.00 | \$.00 |
| 9. Construction | \$.00 | \$.00 | \$.00 |
| 10. Equipment | \$.00 | \$.00 | \$.00 |
| 11. Miscellaneous | \$.00 | \$.00 | \$.00 |
| 12. SUBTOTAL (sum of lines 1-11) | \$.00 | \$.00 | \$.00 |
| 13. Contingencies | \$.00 | \$.00 | \$.00 |
| 14. SUBTOTAL | \$.00 | \$.00 | \$.00 |
| 15. Project (program) income | \$.00 | \$.00 | \$.00 |
| 16. TOTAL PROJECT COSTS (subtract #15 from #14) | \$.00 | \$.00 | \$.00 |

FEDERAL FUNDING

17. Federal assistance requested, calculate as follows:

(Consult Federal agency for Federal percentage share.)

Enter the resulting Federal share.

Enter eligible costs from line 16c Multiply X _____%

\$.00

INSTRUCTIONS FOR THE SF-424C

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0041), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This sheet is to be used for the following types of applications: (1) "New" (means a new [previously unfunded] assistance award); (2) "Continuation" (means funding in a succeeding budget period which stemmed from a prior agreement to fund); and (3) "Revised" (means any changes in the Federal Government's financial obligations or contingent liability from an existing obligation). If there is no change in the award amount, there is no need to complete this form. Certain Federal agencies may require only an explanatory letter to effect minor (no cost) changes. If you have questions, please contact the Federal agency.

Column a. - If this is an application for a "New" project, enter the total estimated cost of each of the items listed on lines 1 through 16 (as applicable) under "COST CLASSIFICATION."

If this application entails a change to an existing award, enter the eligible amounts *approved under the previous award* for the items under "COST CLASSIFICATION."

Column b. - If this is an application for a "New" project, enter that portion of the cost of each item in Column a. which is *not* allowable for Federal assistance. Contact the Federal agency for assistance in determining the allowability of specific costs.

If this application entails a change to an existing award, enter the adjustment [+ or (-)] to the previously approved costs (from column a.) reflected in this application.

Column. - This is the net of lines 1 through 16 in columns "a." and "b."

Line 1 - Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government. Allowable legal costs are generally only those associated with the purchases of land which is allowable for Federal participation and certain services in support of construction of the project.

Line 2 - Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line 3 - Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line 4 - Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line 5 - Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line 6 - Enter estimated engineering inspection costs.

Line 7 - Enter estimated costs of site preparation and restoration which are not included in the basic construction contract.

Line 9 - Enter estimated cost of the construction contract.

Line 10 - Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line 11 - Enter estimated miscellaneous costs.

Line 12 - Total of items 1 through 11.

Line 13 - Enter estimated contingency costs. (Consult the Federal agency for the percentage of the estimated construction cost to use.)

Line 14 - Enter the total of lines 12 and 13.

Line 15 - Enter estimated program income to be earned during the grant period, e.g., salvaged materials, etc.

Line 16 - Subtract line 15 from line 14.

Line 17 - This block is for the computation of the Federal share. Multiply the total allowable project costs from line 16, column "c." by the Federal percentage share (this may be up to 100 percent; consult Federal agency for Federal percentage share) and enter the product on line 17.

ATTACHMENT 4

SAMPLE TABLE OF CONTENTS
NIH EXTRAMURAL
RESEARCH FACILITIES CONSTRUCTION GRANT APPLICATION

| | |
|--|---|
| SF 424, Facesheet | 1 |
| SF 424C, Budget Information..... | 2 |
| Table of Content | 3 |
| Program Overview | 4 |
| Budget, continued | 5 |
| Program Narrative (<i>not to exceed 40 pages</i>)..... | |
| Table of Current Research Support..... | |
| Construction Timetable..... | |
| Description of Facility | |
| Line Drawing(s) | |
| Table Summary of Requested Research Space..... | |
| Table Summary of Use of Vacated Research Space..... | |
| Tabulation of Major Items of Fixed Equipment | |
| Legal Opinion re: Title/Lease Agreement | |
| SF 424D, Assurance..... | |
| Additional Assurances | |
| Biographical Sketches, alphabetical listing | |
| Biographical Sketches..... | |
| Public Disclosure Announcement..... | |
| Checklist | |
| APPENDIX MATERIAL (<i>Three collated sets. No page numbering necessary for Appendix.</i>) | |
| Appendix I – Environmental Analysis Statement, including relevant licenses, permits, or other approvals required, if issued. | |
| Other items (list) | |

ATTACHMENT 5

SAMPLE TABLE
SUGGESTED FORMAT SUMMARY OF REQUESTED RESEARCH SPACE

| Program Activity | Current Space | Space to Be Added | Unit Cost ^{1/} | Total Cost | Requested NIH Funds | Future Total Space |
|----------------------------|---------------|-------------------|-------------------------|---------------------------|-------------------------|--------------------|
| <u>Building/Facility</u> | | | | | | |
| A. (Applicant to complete) | | | | | | |
| Dr. X | ----- | 500 | \$100.00 | \$50,000 | \$25,000 | 500 |
| Dr. Y | 400 | 700 | 80.00 | 56,000 | 28,000 | 1,100 |
| Dr. Z | 150 | 800 | 75.00 | 60,000 | 30,000 | 950 |
| B. (Applicant to complete) | | | | | | |
| Dr. L | 700 | 400 | 75.00 | 30,000 | 15,000 | 1,100 |
| Dr. M | ----- | 500 | 80.00 | 40,000 | 20,000 | 500 |
| Dr. N | 550 | 700 | 65.00 | 45,000 | 22,750 | 1,250 |
| C. (Applicant to complete) | | | | | | |
| Dr. A | 200 | 500 | 65.00 | 32,500 | 16,250 | 700 |
| Dr. B | 600 | 750 | 120.00 | 90,000 | 45,000 | 1,350 |
| Treatment Area | 1,000 | 800 | 65.00 | 52,000 | 26,000 | 1,800 |
| D. (Applicant to complete) | | | | | | |
| Dr. C | 750 | 800 | 90.00 | 72,000 | 36,000 | 1,550 |
| New Appt. | ----- | 500 | 90.00 | 45,000 | 22,500 | 500 |
| E. (Applicant to complete) | | | | | | |
| Dr. D | 700 | 700 | 120.00 | 84,000 | 42,000 | 1,400 |
| Animal Care Area | 1,100 | 1,000 | 140.00 | 140,000 | 70,000 | 2,100 |
| Biocontainment Area | ----- | 2,050 | 110.00 | 225,500 | 112,750 | 2,050 |
| TOTAL | 6,150 | 10,700 | 95.6 | \$1,022,500 ^{2/} | \$511,250 ^{3/} | 16,850 |

^{1/} The unit is net square feet (assignable research space, excluding corridors, stairways, etc.). Variances must be footnoted. For example, if the Current Space and Space to be Added do not equal the Future Total Space, explain why in a footnote on this table. The cost of common elements such as HVAC systems should be protected.

^{2/} **THIS AMOUNT MUST AGREE WITH LINE 16, COLUMN C. ON THE SF-424C.**

^{3/} This amount should agree with Line 17 on SF-424C.

ATTACHMENT 6

SAMPLE TABLE
SUGGESTED FORMAT SUMMARY OF USE OF VACATED SPACE

| Program Activity Moving Into Vacated Space | Vacated Space (net square feet) |
|---|------------------------------------|
| A. (Applicant to complete) | |
| Dr. O | 800 |
| Dr. P | 350 |
| Dr. Q | 600 |
| B. (Applicant to complete) | |
| Dr. R | 500 |
| Dr. S | 500 |
| Dr. T | 725 |
| C. (Applicant to complete) | |
| Dr. U | 500 |
| Dr. V | 450 |
| Dr. W | 700 |
| D. Animal Care Area | 1,500 |
| E. Biocontainment Area | 1,025 |
| TOTAL | 7,650 |

ATTACHMENT 7

ASSURANCES - CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the

National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

| | | |
|---|--|----------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | | TITLE |
| APPLICANT ORGANIZATION | | DATE SUBMITTED |

ADDITIONAL ASSURANCES

1. A resolution, motion, or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understanding and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. The NIH-funded facility will be used exclusively for the biomedical research/research support purposes for which it was constructed for a period of 20 years unless otherwise approved by the Director, National Center for Research Resources.
3. Except as otherwise provided by State/local law, all contracting for construction (including the purchase and installation of built-in equipment) shall be on a lump sum fixed-price basis, and contracts will be awarded on the basis of open competitive bidding, with award of the contract to the lowest responsive and responsible bidder. The provision of exceptions based on State and local law will not be invoked to give local contractors or suppliers a percentage preference over nonlocal contractors bidding for the same contract. Such practices are precluded by this assurance.
4. It will obtain approval from the National Center for Research Resources of the final working drawings, specifications, and other final construction documents, before the project is advertised or placed on the market for bidding; that it will construct the project, or cause it to be constructed, to final completion in accordance with the application and approved plans and specifications; that it will submit to the National Center for Research Resources for prior approval changes that alter the costs of the project, use of space, or functional layout; that it will not enter into a construction contract(s) for the project or undertake other activities until the conditions of the construction grant program(s) have been met.
5. That it will operate and maintain the facility in accordance with the minimum standards as may be required or prescribed by the applicable Federal, State, and local agencies for the maintenance and operation of such facilities.
6. It will require the facility to be designed to comply with the "Uniform Federal Accessibility Standards." The applicant will be responsible for conducting inspections to insure compliance with these specifications by the contractor.
7. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with Office of Management and Budget Circular No. A-102. If the applicant is an educational, hospital, or non-profit institution, compliance is required with Office of Management and Budget Circular No. A-110.

ATTACHMENT 8

**CHECKLIST FOR NIH
RESEARCH FACILITY CONSTRUCTION GRANT APPLICATION**

The information requested in the checklist is required as part of a complete application.

1. Assurances and Certifications

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application (SF424). If unable to certify compliance where applicable, provide an explanation and place it after page 2 of this checklist.

Debarment and Suspension; Delinquent Federal Debt; Drug-Free Workplace; Financial Conflict of Interest; Lobbying; Research Misconduct; Civil Rights (Form HHS 441 or HHS 690); Handicapped Individuals (Form HHS 641 or HHS 690); Sex Discrimination (Form HHS 639-A or HHS 690); Age Discrimination (Form HHS 680 or HHS 690)

2. Smoke-Free Workplace

Does your organization currently provide a smoke-free workplace and/or promote the nonuse of tobacco products or have plans to do so?

YES NO *(The response to this question has no impact on the review or funding of this application.)*

3. Program Income

All applications must indicate (Yes or No) whether program income is anticipated during the period for which grant support is requested.

YES NO *(If YES, use the format below to reflect the amount and source(s) of anticipated program income.)*

| Budget Period | Anticipated Amount | Source(s) |
|---------------|--------------------|-----------|
|---------------|--------------------|-----------|

4. Other Requirements

A. National Historic Preservation Act and National Archeological Preservation Act:

Not Involved Involved *(If Involved, attach explanation.)*

B. Uniform Relocation Assistance and Real Property Acquisition Policies of 1970:

Applicable Not Applicable

Page 2

CHECKLIST FOR NIH RESEARCH FACILITY CONSTRUCTION GRANT APPLICATION

CONTENTS OF APPLICATION PACKAGE:

Formal application

Public disclosure announcement

SF 424D Assurance and additional assurances

Legal opinion regarding title to site/building

Environmental analysis

Disclosure of lobbying activities, Standard Form-LLL (*if applicable*)

Additional appendices (*at option of applicant*)

NAMES OF NIH STAFF CONSULTED DURING PREPARATION OF THE APPLICATION:

NOTE: The application will not be accepted until all items on this checklist have been completed.

ATTACHMENT 9

Place this form at the end of the signed original copy of the application. Do not duplicate.

Social Security No. _____

PERSONAL DATA ON PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator/program director.

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests Social Security Numbers for accurate identification, referral, and review of applications and for management of PHS grant programs. Provision of the Social Security Number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number. The PHS requests the Social Security Number under Sections 301(a) and 487 of the PHS Act as amended (42 USC 241a and USC 288). All analyses conducted on the date of birth and race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals.

If you decline to provide this information, it will in no way affect consideration of your application.

Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)

GENDER

☐

Female

☐

Male

RACE AND/OR ETHNIC ORIGIN (check one)

Note: The category that most closely reflects the individual's recognition in the community should be used when reporting mixed racial and/or ethnic origins.

- ☐ **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.
- ☐ **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **Black, not of Hispanic origin.** A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **White, not of Hispanic origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ Check here if you do not wish to provide some or all of the above information.

ATTACHMENT 10

Approved by OMB

0348-0046

| | | | | | |
|---|--|---|---|--|--|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ | |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: | | | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: | | |
| 6. Federal Department/Agency: | | | 7. Federal Program Name/Description: CFDA Number, if applicable: _____ | | |
| 8. Federal Action Number, if known: | | | 9. Award Amount, if known: \$ _____ | | |
| 10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): <i>(attach Continuation Sheet(s) SF-LLLA, if necessary)</i> | | | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): <i>(attach Continuation Sheet(s) SF-LLLA, if necessary)</i> | | |
| 11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned | | | 13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____ | | |
| 12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____ | | | | | |
| 14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: <i>(attach Continuation Sheet(s) SF-LLLA, if necessary)</i> | | | | | |
| 15. Continuation Sheet(s) SF-LLLA attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | | | Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____ | | |
| Federal Use Only: | | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) | | |

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLLA Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLLA Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

ATTACHMENT 11

FISCAL YEAR 1998

CENTERS OF EXCELLENCE

DIRECTORY

November 1998

Revised 11/98

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DIVISION OF DISADVANTAGED ASSISTANCE
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3.3 References

- A. PHS Policy. The project shall meet the PHS policies as described in the “Public Health Service Grants Policy Statement,” DHHS Publications No. (OASH) 94-50,000 (Rev.) April 1, 1994 as updated – Appendix 2, Construction
- B. Following award, the design of facilities to be constructed or altered with PHS grant funds will be evaluated. The NIH Design Policy and Guidelines publications, available by computer (<http://des.od.nih.gov>), and references are useful guidance documents.